

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER**DO NOT WRITE IN THIS SPACE**

Case

08-CA-263550

Date Filed

7/27/2020

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer

Ashtabula County Medical Center

b. Tel. No.

4409972262

c. Cell No.

f. Fax No.

d. Address (Street, city, state, and ZIP code)

2420 Lake Avenue Ashtabula, OH 44004

e. Employer Representative

Jonathan Forbes
Manager, Human Resources

g. e-mail

jonathan.forbes@acmchealth.org

h. Number of workers employed
175 bargaining uniti. Type of Establishment (factory, mine, wholesaler, etc.)
health carej. Identify principal product or service
acute care hospital

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

On or about July 17, 2020 and continuing thereafter, the Employer, through its agents and representatives, has failed and refused to provide information to the Union which was required by the Union in order to investigate grievances and to administer and enforce the collective bargaining agreement.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

Ohio Nurses Association

4a. Address (Street and number, city, state, and ZIP code)

3760 Ridge Mill Drive
Hilliard, OH 43026

4b. Tel. No.

4c. Cell No.

614-400-1873

4d. Fax No.

614-969-3888

4e. e-mail

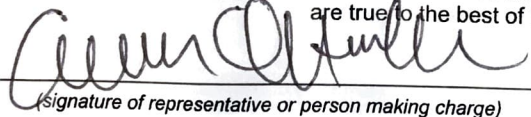
amueller@ohnurses.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

American Federation of Teachers, AFL-CIO

6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.


(signature of representative or person making charge)

Anne Mueller

(Print/type name and title or office, if any)

Tel. No.

614-400-1873

Office, if any, Cell No.
same as cell

Fax No.

614-969-3888

e-mail

amueller@ohnurses.org

Address 3760 Ridge Mill Drive Hilliard, OH 43026

Date 7-25-2020

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE

Case

08-CA-263551

Date Filed

7-27-2020

INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Ashtabula County Medical Center		b. Tel. No. 4409972262
		c. Cell No.
		f. Fax. No.
d. Address (Street, city, state, and ZIP code) 2420 Lake Avenue Ashtabula, OH 44004	e. Employer Representative Jonathan Forbes Manager, Human Resources	g. e-mail jonathan.forbes@acmchealth.org
		h. Number of workers employed 175 bargaining unit
i. Type of Establishment (factory, mine, wholesaler, etc.) health care	j. Identify principal product or service acute care hospital	

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

On or about February 1, 2020 and continuing thereafter, the Employer, through its agents and representatives, has failed and refused to execute the collective bargaining agreement that became effective October 1, 2019.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

Ohio Nurses Association

4a. Address (Street and number, city, state, and ZIP code)

3760 Ridge Mill Drive
Hilliard, OH 43026

4b. Tel. No.

4c. Cell No.

614-400-1873

4d. Fax No.

614-969-3888

4e. e-mail

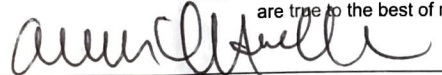
amueller@ohnurses.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

American Federation of Teachers, AFL-CIO

6. DECLARATION

I declare that I have read the above charge and that the statements
are true to the best of my knowledge and belief.


(signature of representative or person making charge)

Anne Mueller

(Print/type name and title or office, if any)

3760 Ridge Mill Drive Hilliard, OH 43026

Address

Date 7-25-2020

Tel. No.

614-400-1873

Office, if any, Cell No.
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